

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90373 021 ***150.00

DOCUMENT # F99000000177

1. Entity Name
BECHTEL BETTIS, INC.



Principal Place of Business
**50 BEALE STREET
SAN FRANCISCO, CA 94105**

Mailing Address
**C/O TAX DEPARTMENT
50 BEALE STREET
SAN FRANCISCO, CA 94105 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006

Chg-P

CR2E034 (11/05)

4. FEI Number

94-3257295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HASH, SR., T. F. 50 BEALE STREET SAN FRANCISCO, CA 94105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, W. C. 50 BEALE STREET SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HADDAD, S. G. 50 BEALE STREET SAN FRANCISCO, CA 94105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OGDEN, S. P. 50 BEALE STREET SAN FRANCISCO, CA 94105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, M. N. 50 BEALE STREET SAN FRANCISCO, CA 94105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAUGHEY, S. B. 50 BEALE STREET SAN FRANCISCO, CA 94105	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

SEE ATTACHED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S.G. Haddad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.G. HADDAD
Vice President

Date

Daytime Phone #

(415) 768-3591

ATTACHMENT

40074356

#F99000000177

BECHTEL BETTIS, INC.

BBINC

FEIN - 94-3257295

Directors

HASH, SR., THOMAS F.
HADDAD, SHAFIK G.
OGDEN, SANDRA P.
SMITH, MORGAN N.
STANGO, MICHAEL E.
VAN PROOYEN, JAN A.

Chairman and Director
Vice President and Director
Secretary & Director
Director
Director
Director

Officers

SMITH, MORGAN N.
HAUGHEY, S.B.
HEIM, DORIS S.
HUMPHRIES, JAMES R.
LEONARDI, KENNETH J.

President
Vice President, Asst. Treasurer and Asst. Controller
Treasurer and Controller
Assistant Secretary
Assistant Secretary

Board of Directors

Authorized: 10

Quorum: 4

Communications to any of the above Directors and Officers may be addressed in c/o
T.A. Carlson at 50 Beale Street, San Francisco, CA 94105